



U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FORM  
**UT-4900**

**1997 ECONOMIC CENSUS**  
**ELECTRIC, GAS, AND WATER UTILITIES**

OMB No. 0607-0834: Approval Expires 12/31/99

**DUE DATE** **FEBRUARY 12, 1998**

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS  
1201 East 10th Street  
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

*Please read the accompanying instructions before answering the questions.*

**Census use**

**UT-4900**

(Please correct any errors in name, address, and ZIP Code.)

**YOUR RESPONSE IS REQUIRED BY LAW.** Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

If this questionnaire does not seem to apply to your business, complete it to the extent possible and explain in REMARKS section – this should fulfill your reporting requirements and will reduce follow-up correspondence.

**Item 1. EMPLOYER IDENTIFICATION NUMBER**

**Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?**

094 1 ☐ Yes 2 ☐ No – Report current EIN below

(9 digits)

**Item 2. PHYSICAL LOCATION**

**a. Is this establishment's physical location the same as the address shown in the label?** (P.O. box and rural route addresses are not physical locations)

093 1 ☐ Yes 2 ☐ No – Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

**b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?**

095 1 ☐ Yes 2 ☐ No 3 ☐ No legal boundaries 4 ☐ Do not know

**c. In what type of municipality is this establishment physically located?**

096 1 ☐ City, village, or borough  
2 ☐ Town or township  
3 ☐ Other – Specify  
4 ☐ Do not know

**d. In what county (e.g., Dade County) is this establishment physically located?**

**Item 3. OPERATIONAL STATUS**

Number of months

**a. How many months during 1997 was this establishment actively operated?**

002

**b. Which of the following best describes this establishment's status at the end of 1997?** Mark (X) only ONE box.

**Note:** Complete the remainder of this report (for the period operated) even if the establishment ceased operation during 1997.

001 1 ☐ In operation  
2 ☐ Temporarily or seasonally inactive  
3 ☐ Ceased operation – Give date at right  
4 ☐ Sold or leased to another operator – Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

**HOW TO REPORT DOLLAR FIGURES**

Dollar figures should be **rounded** to **thousands** of dollars.

**Example:** If a figure is **\$1,125,628.79** report **1 126** **• Preferred** **Acceptable**

Mil-  
lions  
(000)

1

125

629

Thou-  
sands  
(000)

1

125

Dol-  
lars  
(000)

1

125

629

**Item 4. DOLLAR VOLUME OF BUSINESS**

**Operating revenue in 1997**

**Item 5. PAYROLL**

**Payroll in 1997, BEFORE DEDUCTIONS**

**a. Annual**

**b. First quarter (January–March)**

**Item 6. EMPLOYMENT**

**Number of paid employees for pay period including March 12, 1997**  
(Include both full- and part-time employees)

**Item 7. LEGAL FORM OF ORGANIZATION**

**Which of the following best describes this establishment's legal form of organization during 1997?** Mark (X) only ONE box.

003 1 ☐ Individual owner (sole proprietorship)  
2 ☐ Partnership  
5 ☐ Governmental – Specify  
8 ☐ Cooperative  
0 ☐ Corporation  
0 ☐ Subchapter "S" corporation  
9 ☐ Other – Specify

CONTINUE WITH ITEM 8 ON PAGE 2



